



COVER SHEET

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**TITLE: Making nursing work: breaking through the role confusion of
advanced practice nursing**

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Abstract

The Aim of this study was to develop a research-informed model of the service parameters and an analysis framework for advanced practice nursing roles.

Background: Changing patterns of health care are forcing service planners to examine new service delivery models. Apparent is the call for nursing service that incorporates expanded levels of autonomy, skill and decision making. A number of nursing roles conform to this description under the generic title of advanced practice nurse. However, there is confusion in the health service community internationally about nomenclature, role and scope of practice for advanced nursing roles. An emerging priority in response to recent developments in the nurse practitioner role is to establish service parameters for advanced practice nursing and to operationally differentiate between advanced practice and practitioner nursing roles.

Design: We conducted an interpretive, qualitative examination of the practice of a random sample of nine advanced practice nurses working in three acute care hospitals in south east Queensland, Australia.

Methods: Data collection involved individual in-depth interviews. The interview data were deductively analysed and tested against published advanced practice nursing models.

Results: This analysis identified the *Strong Model of Advanced Practice* as most comprehensively supporting the practice experiences of the research participants. The Strong Model supports definition of the service parameters and the design of an operational framework for implementation and evaluation of APN roles.

Conclusions: This exploratory study has addressed some of the confusion that surrounds advanced practice nursing roles. The findings provide a description of the service parameters of the APN role; differentiate advanced practice nurse and nurse practitioner roles; and provides an operational framework to identify, establish and evaluate advanced and extended nursing positions. Subject to further validation, this research outcome can provide operational information for implementing innovative nursing roles appropriate to consumer needs and specific health service models.

Key words: Advanced practice nursing, nurse roles, Strong model, qualitative research, interviews

INTRODUCTION

There is confusion in the health service community in Australia and internationally about nomenclature and scope of practice for advanced nursing roles. A recently completed Australasian national/trans Tasman study (Gardner *et al.* 2006) has developed research based definitions and competency standards specifically for the nurse practitioner. No such information is available for the more generic advanced practice role despite the plethora of international literature defining and describing a range of other roles under this title. The introduction of an advanced practice nursing service needs to be informed by a clear description of the scope of practice and therefore the contribution to health care. Clarification of advanced practice nursing is vital in order to avoid the confusion that often arises with the development of a new nursing service and to provide service team leaders with information about the scope and parameters of advanced practice nursing roles. In this paper advanced practice nurse is operationally defined as those nursing roles that involve higher level knowledge and skills that enable the clinician to practice with autonomy and initiate nursing actions but do not include diagnostic and treatment decision making. These roles include nurse consultant, clinical nurse specialist and other designated titles that are country specific. The nurse practitioner is not included in the generic advanced practice nurse title, because a hallmark of the nurse practitioner is service that includes diagnosis and treatment.

The goal of this study was to provide research based information on the core features of the practice of advanced practice nurses to guide health service managers and clinical teams in the judicious and appropriate use of the role.

BACKGROUND

International shortages in the health workforce are forcing health service planners to examine new models of care delivery at a unit and hospital level. Healthcare planning has identified that responding to changing healthcare demands involves more than simply adding new resources, and a fundamental re-examination of traditionally held beliefs about the nursing role has evolved (Radford 2003). What is emerging is the call for a level of nursing practice that does not extend beyond the legislative framework of the registered nurse, but incorporates expanded levels of autonomy and decision making. Hence, a scope of practice has evolved partly in response to nurses' own career expectations, but also to 'fill in the gaps' in the healthcare system (Wilson *et al.* 2004).

Although the advanced practice role has been accepted as an effective strategy for patient care management (Hodson 1998), the speed with which these roles are being adopted has resulted in confusion about their scope of practice and newly emerging positions, have not been clearly articulated or defined (Ormond-Walshe & Newham 2001, Daly & Carnwell, 2003, Pauly 2004, Lanksbear *et al.* 2005). Ambiguity over role

definition has been identified as a significant hurdle for nurses working within an advanced practice framework (Jones 2005) and the literature is clear that both nomenclature (Jamieson & Williams 2002, Daly & Carnwell 2003, Bryant-Lukosius *et al* 2004) and role definition for the APN is fraught with ambiguity (McGee & Castledine 1999, Lyon 2004); [a feature that has been described \(Jones 2005\) as failure to clarify and communicate the boundaries and objectives of the role.](#)

Work has been conducted on conceptualising the advanced practice nurse role. The most comprehensive to date is that by Spross and Lawson (2005). They examined seven published advanced practice nursing models with a view to describing commonalities across these models. The only area of agreement that emerged was that direct patient care was common to all. However it must be noted that this analysis was performed on a body of literature that is not homogenous. Further development was achieved through a coherent, operational model for introduction and evaluation of advanced practice roles (Bryant-Lukosius & DiCenso 2004).

However this model does not include mechanisms for differentiating the generic advanced practice and nurse practitioner roles; a distinction that is necessary for health service planners in jurisdictions where the nurse practitioner is legislatively distinct from other advanced roles.

The consistent challenge in dealing with the international literature on the topic of advanced practice nursing is the failure to differentiate the nurse practitioner from

other advanced roles in nursing. This is emerging as a priority in response to the move in several countries (Towers *et al.*, 2003, RNABC 2004, Gardner *et al.* 2006, The Canadian Nurse Practitioner Initiative July 2006) towards national standardization of the nurse practitioner role through legislation and regulation governing practice and education.

Hence, in Australia and elsewhere there is now consistency in the role and practice standards for the nurse practitioner. There is no such shared understanding for what is now the generic advanced practice nurse role (Appel *et al.* 1996, Balough & Berry 1998, Whyte 2000, Jamieson & Williams 2002, Pearson & Peels 2002, Chaboyer *et al.* 2004). What is needed is a generic description of the core features of the practice of advanced nursing that is grounded in research and tested for validity and stability across diverse advanced practice nursing roles. The study reported here is the first phase of this research endeavor.

THE STUDY

Aims

The aims of this study were to:

- Develop knowledge about the service parameters of the advanced practice nursing role

- Draw upon this knowledge to develop an operational framework to identify, establish and evaluate advanced practice nursing positions and clarify the distinction between advanced practice nurse and nurse practitioner roles.
- Provide the basis to test this operational framework in further research

Design

A qualitative research approach was adopted, and the data were collected in 2006.

The assumptions informing this research were that the nurse practitioner role is increasingly being distinguished from other advanced practice nursing roles through nationally agreed definition, competency standards and extended practice privileges protected by legislation. This leaves a range of nursing roles that are at an advanced practice level but conform to a scope of practice that remains within the legislative structure of the Registered Nurse. This advanced practice nursing realm needs to be examined and operationally defined in order to maximize the contribution of nursing to health service.

Participants

The study was conducted at three tertiary care hospitals in Queensland, Australia.

The population for the study was advanced practice nurses, identified as such by the service nursing directors in three tertiary care hospitals in Brisbane, Queensland. A total of 63 advanced practice nurses were identified. For reasons of definition midwives were not included in the population from which the sample was drawn.

To ensure representation from the participating services, cluster sampling was used to select a sample of 8 to 10 participants across the three facilities. Cluster sampling is appropriate when the population is in separate places over a geographical area (Timmreck 1998). Nursing directors in each hospital identified and listed nurses working at the level of an advanced practice nurse in their service to supply the sampling frame. To avoid selection bias, a research assistant randomly selected a sample from each of these three lists and invited participation. These clinicians were supplied with information and consent documents to return to the investigator if they wished to continue their participation. Ten participants were recruited to the study in the first round. However one subsequently withdrew on logistical grounds leaving a sample of 9 participants.

Data Collection

Data collection was conducted in May, 2006. In-depth individual interviews were conducted with each of the APN participants. The interviews were audio recorded and guided by questions related to the following areas:

- The focus and activities of the role
- The patient population serviced by the role
- The skills and training needed to perform in the role

Each interview lasted for approximately one hour.

Ethical considerations

The study was approved by the Human Research Ethics Committees at each of the study sites. Participants were informed of the research procedures and that their identity and that of their workplace would not be disclosed and that pseudonyms would be used in all publications and reports. Written consent was obtained.

Data analysis

Initially the data were transcribed, coded and categorized to achieve a preliminary analytical framework using an inductive approach. The interview data were then analysed using a deductive approach against published models of APN practice to test the appropriateness of these models for the context of the study.

Consistent with standards for rigour in qualitative research, the preliminary findings from this analysis were returned to the participants who were asked to comment on the extent to which our findings on the advanced practice nurse role reflected their experience in practice. The participants confirmed the fidelity of our findings to the parameters of their clinical practice. This iterative process served to strengthen the research findings.

The final stage of data analysis was the interpretation of these findings in the context of current literature on the advanced practice nurse role. This final process achieved

new knowledge that informed development of a practice framework for the APN role in Queensland.

FINDINGS

To address the first aim of this study we collapsed the results from the qualitative interviews with the findings from an extensive and critical analysis of the international literature on the advanced practice nursing role and service to achieve the first of the research aims. The second and third aims are addressed in the discussion section.

Service parameters of advanced practice nursing

In the first approach to inductive analysis of the interview data there was little commonality amongst the nine participants in terms of practice and service parameters. They covered a range of practice contexts and specialty services, the primary focus of the roles were different and included management, education, clinical service and consultancy. As such, this small random sample of advanced practice nurses from South East Queensland have echoed and reinforced the heterogeneous nature of advanced practice in nursing that is represented in the literature.

The next step involved testing published advanced practice nursing models through deductive analysis of the research data. Following extensive critique of existing work we identified and tested the following 4 models:

- Brown's framework of advanced practice nursing (Brown 1998)
- The Strong Model of Advanced Practice (Ackerman *et al.* 1996)
- UHN Framework for Advanced Nursing Practice (Micevski *et al.* 2004)
- Manley's Conceptual Framework for the advanced practitioner/consultant nurse (Manley 1997)

The results were that the *Strong Model of Advanced Practice* (Ackerman *et al.*, 1996, Mick & Ackerman 2000) had the best fit with the parameters of advanced practice as reported by the research participants. Furthermore the Strong Model was the only one that had to date been subjected to further (albeit small scale, descriptive) research demonstrating validity of the model in distinguishing among the roles of the clinical specialist advanced practice nurse and the nurse practitioner (Mick & Ackerman 2000).

The Strong Model proposes a framework for advanced practice that supports description of the service parameters of the advanced practice nurse role (see Box 1).

<i>Direct comprehensive care</i>	procedures, assessment, interpretation of data, patient counselling
<i>Support of systems</i>	professional contribution to optimal functioning of the institutional nursing service
<i>Education</i>	enhancement of caregiver, student, and public learning related to health and illness
<i>Research</i>	supports a culture of practice that challenges the status quo and seeks better patient care through scientific inquiry.
<i>Publication and Professional leadership</i>	promote dissemination of nursing and health care knowledge beyond the individuals practice setting

Figure 1: Domains of APN Practice: Strong Model (Ackerman *et al.* 1996)

In the following section each of the domains in the Strong Model of Advanced Practice are examined through combining findings from analysis of interview data with a critique of the international literature.

Direct comprehensive care

Mindful of the blurring of boundaries between advanced practice nursing and nurse practitioner in the literature, this practice domain is overwhelmingly supported as a parameter of advanced practice nursing health service. All alternative frameworks reviewed in this study include clinical practice or direct care as central to advanced practice nursing. Research conducted by Manley (1997) identified direct expert practice that involved caring for patients and their families as integral to advanced practice. Manley's work built upon and validated previous research findings (Manley 1997).

In this study the participants acknowledged that clinical care was a necessary part of their role. Whilst the substantive positions of the participants ranged across education, management, consultancy and direct patient care, all claimed that the expertise they held in their different roles drew upon proficiency in patient care in their generalist or specialty fields. Sarah is an educator and the following narrative is her response to a question about her skills in clinical care.

If I get back and do something clinically it wouldn't take me that long because I've got a strong (clinical) background. It would only take me a little while to get into that. These days clinical nurses are very focused on their specialty - it's different to an advanced practice nurse where you actually have that huge knowledge base and yes I would be a bit slow compared to a clinical nurse in her particular specialty but I would get up to speed very quickly.

Sarah's role as an educator spans several specialty environments and she describes her advanced skill in direct clinical care as the ability to respond quickly to the demands of clinical practice.

Roberta is part of a team that established a new clinical service and commented on the clinical expertise that defined her area of practice.

I think that the work we do is certainly more than a registered nurse, we have to fill a huge role that wasn't filled by anything. I think we take on a lot, we fill in a lot of roles. We do it all. The surgeon is only here for a very short time every second Wednesday, so the rest of it is us.

The significant point for Roberta was recognition that prior to her current role there was an absence of service; she and her colleague *filled a huge role that wasn't filled by anything*. In this interview Roberta demonstrated that her specific expertise in comprehensive patient care provided a specialty, holistic and consultative service that did not previously exist. Her role powerfully demonstrates the clinical contribution that advanced practice nursing roles offer to health service.

Support of systems

This domain is defined as contributing to optimal functioning of the institutional nursing service. Ackerman et al (Ackerman *et al.* 1996) suggest that this also includes promoting innovative patient care and facilitating the optimal progression of patients through the health care system. The participants in this study demonstrated in various ways their commitment to system enhancement to achieve improved service for patients.

In the following narrative Elizabeth, who works with children with chronic illness, describes the focus of her practice as being indirect care, her elaboration however, lists a range of practice activities that are focused on the patient and their family at a particularly vulnerable time in their illness trajectory; that is, facilitating the move from hospital care to carer care and discharge from the institution.

My contact is not so much direct, probably about forty percent (40%) of my time is spent in managing patient movement... I manage patients through a lot of family meetings, arranging complex discharges, ensuring that families have got full information and then consulting on the more complex cases that might be outliers as well.

The domain of *support of systems* was apparent in various forms in the practice of the participants. For Elizabeth, practice in this domain involved effective discharge of patients and their family through the hospital system towards sustainable self/carer care. The previous and following narratives from Roberta powerfully illustrates the impact that her advanced level of nursing practice had on the system through advocating for innovative models to address unmet patient care needs.

We're trying to take it a step further now. I will be pushing for a wider multidisciplinary clinic... that's the big move at the moment, to try and pull on board a medical side to tie in with this, so we're hoping to pull that together. We've done a lot of ground work but funding is the big thing.

In their study testing this element of practice in the Strong Model, Mick and Ackerman (Mick & Ackerman 2000) found that advanced practice nurses placed high importance on consulting with others related to conduct of projects. Brown (Brown 1998) identified that one of the outcomes of advanced practice related to health systems and included improved access to care and availability of diverse health care service.

Education

Ackerman et al (Ackerman *et al.* 1996) described activity in this domain as related to “enhancement of caregiver, student or public knowledge through the dissemination of current scientific knowledge” (p70). Consequently this domain incorporates a wide practice scope for education including public health, health promotion, staff development and student education. The domain of education is strongly supported both in our data and the published literature (Manley 1997, Pearson & Peels 2002, Daly & Carnwell 2003) .

The research participants all referred to the importance of teaching in their role. The following narrative is illustrative of this commitment to staff education.

I really enjoy the teaching component to my role and I guess it wasn't an official component, I was originally appointed as a charge nurse and I identified the fact that we didn't have a course (of specialty training for the nursing staff) and because I've got an education background I wrote one and it went from there.

Patient teaching is integral to nursing and the discipline has a strong research base for the efficacy of patient education in a range of areas. This was also an aspect of the advanced practice of the participants in this research. Narrative examples follow.

Then we have a small group of (people with a specific disease) where our role for them is education, it's a window of opportunity and that's all we get. You can't make

appointments for them to come back because they don't come back, you can't refer them to the community because they don't turn up there either.

Probably assessments and education would be the biggest part of my time. Because that's our greatest number (the one's on) the waiting list. Certainly there is a clinical aspect for people who have already had the surgery... but I would probably say that their education and their assessment would be the biggest 2 components.

Another very significant part of my role is the education of parents I do most of the parent education here, it's important that parents get consistent information because they talk to each other. So I tend to try and do all the early education of parents so they all get the same information about the drugs and their treatment protocol, their child's disease process, and then we talk about things like going home and issues to be aware of at home so I do all that stuff as well.

There is significant support in the literature for the importance of patient education as a domain of advanced practice as in the following examples of advanced practice in the fields of wound care (Mitchell 2003), cancer care (Scarpa 2004), HIV/AIDS (Spirig *et al.* 2004) and gastroenterology(Manning 2004).

Research

The domain of research is described as activity that supports the generation of knowledge and the integration of research findings into clinical practice. Importantly the emphasis here is about creating and supporting a culture that “challenges the norm and strives to find better ways to provide care based on research” (Ackerman *et al.* 1996)

There is consistent emphasis in the data on the importance of research, evidence based practice and quality activities which conforms to the description of this domain in the Strong Model. This emphasis was not confined to conducting research but about supporting a culture for research practice and evidence utilisation. In the following excerpt Angela reflects on how research influences her role as an advanced practice nurse.

I've been with the service for 18 months, evaluating it, setting it up, looking at how we can modify it once we've evaluated. I think really there is opportunity for research, definitely and I have already identified a few areas.

After initial hesitation over this domain, Sally also described her role as supporting a culture of inquiry but acknowledged the logistical difficulties.

Obviously you have to be able to make sure you are at current practice. I don't think you can do anything in nursing without involving research. Whether it is the

advanced practice nurses themselves or whether one person comes out and does research...I don't know how that would fit in because it is time consuming and nurses today are very time poor.

These findings are supported by the literature. All four models initially evaluated (Ackerman *et al.* 1996, Manley 1997, Brown 1998, Micevski *et al.* 2004) have included elements of inquiry/research.

Professional leadership

This domain in the Strong Model is described as “professional activity that allows for sharing and dissemination of knowledge within an area of expertise beyond the individual’s institutional setting” (Ackerman *et al.*, 1996) (p70). Many of the participants were active in their specialty professional organisations and regarded this as an important leadership aspect of their roles. Maggie describes her views on the leadership requirements of an advanced practice nurse.

They need to be an intricate part of whatever professional body they are in. I'm under (named specialist Association). Quite often when you look at that level of expertise usually they have their turn on a committee but they need to be involved and they need to be actively involved.

Elizabeth also saw this form of leadership as part of her practice

I've been on the executive of (named association) for many years. We have the (specialty) Group and we have a nurse's component for that. There's a couple of international groups that I'm a member of, International Society of (named) and things like that. I think another part of an advanced practice nurse is to actually be involved in things like presentations, presenting at conferences, doing things like book reviews, contributing to journals and things like that.

Whilst acknowledging professional leadership as integral to the advanced practice nurse role the literature is less specific about the form and characteristics of leadership than that represented in the Strong Model of Advanced Practice. However Mick and Ackerman (Mick & Ackerman 2000) reported that in their research, advanced practice nurses placed higher importance (than nurse practitioners) on disseminating nursing knowledge through presentation or publication.

DISCUSSION

In 1996 a group of clinicians and academics met to develop a model that could identify domains of practice for the advanced practice nurse (Ackerman *et al.* 1996). Their intention was to use descriptive, consultative methods to examine, delineate and clearly define the acute care nurse practitioner role. The outcome of this undertaking is the Strong Model of Advanced Practice. In the ten years since the publication of their findings the health service environment has altered and the

notion of advanced is relative to the pace of knowledge and technological development; what was advanced yesterday is today standard.

The practice defined in the Strong Model pre-dates the contemporary contextual work on delineating the nurse practitioner role from other advanced nursing roles (Sparacino 2005, Gardner *et al.* 2006). It also reflects what Davies and Hughes (Davies & Hughes 1995 p147) described for the advanced practice nurse at that time as “a constellation of competencies and roles”. The most confusing of these is the tendency to view the nurse practitioner, clinical nurse consultant, clinical nurse specialist and other titles, under the generic umbrella of advanced practice nurse. None-the-less, our research has indicated that despite the contextual and temporal influences of its inception, the Strong Model of Advanced Practice is an appropriate fit to provide an operational framework for the service parameters of the advanced practice nurse role and to enable a differentiation of this role from that of the nurse practitioner.

The title of advanced practice nurse is losing its currency. This is a consequence of several factors including longstanding confusion in nomenclature, the lack of definitional consensus, the overtaking of this generic title by practice inflation and the explicit development of the nurse practitioner role. It is time to challenge the erstwhile approach and to bring clarity to the nomenclature of nursing roles. We also need to provide a language that is accessible and meaningful to non-nursing health

managers and service reformers so that nursing is in the position to influence best practice in patient care and patient-determined health service outcomes. This agenda will also contribute to precision in describing nursing career options and remuneration.

Our findings indicate that the advanced practice nursing role is based upon a breadth of abilities and skills more than in-depth and focused clinical application of specialty knowledge and skill. This notion of breadth of practice was supported by the participants in their comments when we conducted the credibility test of our analysis. The advanced practice nursing role may be in a specialty field and is equally relevant to a generalist model. The advanced practice role may be primarily about a position in education, clinical service or research but whatever the focus of the position the demands of an advanced practice role include, with varying emphasis, all domains of the service parameters in the Strong Model of Advanced Practice as developed from our findings and described in Table 1.

Table 1 The service parameters of the APN role (adapted from the Strong Model of Advanced Practice (Ackerman *et al.*, 1996))

Domain	Descriptor
<u>Direct comprehensive care</u>	The APN role will have a clinical component in a field of health service. This direct care translates to a proficiency in patient care that will enable the clinician to inform care coordination, care delivery and guidance and direction to others relevant to a specific patient population.
<u>Support of systems</u>	The APN operates within a system of health service. The APN role will be a response to the need for innovative models to address unmet patient care and/or health service needs. The role will be involved in facilitating the optimal progression of patients through a health care or health service system.
<u>Education</u>	Education is part of APN roles and includes a wide range of activities that relate to dissemination of current scientific knowledge. The APN clinician provides education to patients and communities to promote wellness, to patients enabling them to cope with illness and self care, and to trans-disciplinary clinicians and students.
<u>Research</u>	The APN role supports the generation of knowledge and integration of research findings into clinical practice. The emphasis in this domain is about creating and supporting a culture that questions current practice and seeks creative and innovative solutions to clinical questions. It is about sustaining a best practice environment for patient and community care.
<u>Professional leadership</u>	The APN clinician will demonstrate a commitment to sharing and dissemination of expert knowledge both within and external to the institutional setting. This dissemination relates to involvement with professional activities as well as activities that promote public involvement and public awareness of specific health related issues

Operational framework

To achieve the second of our research aims we drew upon the findings from this and previous (Gardner *et al*, 2006) research and developed an operational framework to identify, establish and evaluate APN positions. Additionally, this framework will now enable workforce and health service planners to differentiate the profile and service potential of advanced practice nurse and nurse practitioner positions. The operational levels of the framework are: i) service model, ii) practice standards/domains and iii) legislation/authorization conditions.

Service model

This small exploratory study indicates that the advanced practice nursing role is based on a consultant model with a broad based service profile. When deductively tested, the aggregated data in this study conformed to the Strong Model of Advanced Practice which has clinical care, systems of service and education, as service components matched with the imperatives of creating a culture of inquiry and professional leadership. Australian research (Gardner *et al.*, 2004, Gardner *et al.* 2006) indicates that nurse practitioner service is characterized by a focused specialty practice model.

Practice standards/domains

The findings from this research indicate that the practice domains of advanced nursing service are explicated by the Strong Model (Table 1). Australian research into

the nurse practitioner role (Gardner *et al*, 2006) provides a model that is defined by three practice standards that relate to dynamic practice, professional efficacy and clinical leadership. As illustrated in Table 2 these clearly describe two well differentiated roles and service models.

Legislative/authorization level

In many jurisdictions, including those of North America, Australia and New Zealand, the advanced practice nurse is differentiated from the nurse practitioner through legislative/title protection mechanisms. This protection of the nurse practitioner title and expanded practice privileges through legislation, is an essential step in differentiating the nurse practitioner from other advanced practice roles.

Furthermore, title protection demonstrates that the use of this title ensures that the clinician meets the advanced and extended practice standards required by the registering authority. Hence the advanced practice nurse operates within the scope of practice of the Registered Nurse whilst the title *nurse practitioner* is protected and applies to the registered nurse who meets the (local jurisdiction) requirements for nurse practitioner authorization. Additionally in Australian and other jurisdictions nurse practitioner practice is authorized, through legislation, to provide a patient service that incorporates prescribing medication, requesting a range of diagnostic tests and referral of patients to other health care professionals. Again this describes two well differentiated legislative practice parameters.

Hence this research has provided a logical and well reasoned basis for describing the service parameters for the advanced practice nurse role. Additionally we have drawn upon published research to propose how the nurse practitioner can be operationally and legislatively differentiated from the advanced practice role. Table 2 illustrates the operational framework including commonalities and distinctions between the advanced practice nurse and the nurse practitioner.

Table 2 Operational framework –Advanced practice nurse (APN) and Nurse Practitioner (NP) roles

Service model	
APN Consultant/clinician Broad based service profile	NP Direct clinical care Focused clinical service
Role parameters/standards	
APN (based on the Strong Model) Direct comprehensive care → highly developed skills and knowledge to inform service coordination, care delivery and direction of care. Support of systems → optimizing patients’ utilization of, and progression through, a health service Education → patients, communities, clinicians and students Research → creating and support a culture of inquiry Professional leadership → professional activity and dissemination of expert knowledge to the public and the profession No national consistency for practice standards	NP in Australia (based on ANMC NP Standards) Dynamic practice → highly developed skills and knowledge for direct practice in complex environments. Monitors and adopts evidence base for practice. Professional efficacy → autonomous practice that includes diagnosis, prescribing medication, request for diagnostic tests and referral to other health professionals. Promotes and engages a nursing model of practice. Clinical leadership → critique and influence at systems level of health care. Promotes and engages in collaborative practice Conforms to ANMC national standards for practice
Legislative structure	
APN Title not protected Expanded practice: Highly developed autonomous practice profile as an RN within the requirements of the (relevant) Nurses Act	NP Title protected in several countries & jurisdictions Extended practice: Authorisation to practices as a nurse practitioner with legal provisions to diagnosis, prescribe medication, order diagnostic tests and refer to other health professionals

CONCLUSION

An important step in achieving a stable and internationally meaningful vocabulary around advanced practice nursing roles is the facility to identify the service parameters that are common to these roles and to differentiate these from the more distinct and legislatively defined nurse practitioner role. The research reported here provides a platform to begin this dialogue.

Additionally, the findings from this research, subject to further validation, have application to the broader health service community. The operational framework provided will enable health service managers to identify, establish and evaluate advanced practice nursing positions.

Importantly this research, which builds upon previous work in the field, will influence a new level of debate that crosses international concerns related to specific titles of advanced practice nursing, and bring the focus to commonalities of practice parameters, applicable to a range of nursing roles, that draw upon advanced practice skills and knowledge.

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